

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>000142</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>BETHANY VILLAGE NURSING HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3518 S SHELBY ST INDIANAPOLIS, IN 46227</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 08/08/12</p> <p>Facility Number: 000142 Provider Number: 155237 AIM Number: 100266940</p> <p>Surveyor: Dennis Austill, Life Safety Code Supervisor</p> <p>At this Quality Assurance Walk-thru survey, Bethany Village Nursing Home was found in compliance with 410 IAC 16.2-3.1-19(ff)</p> <p>This one story facility was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridor and hard wired smoke detectors in all 47 resident sleeping rooms. The facility has a capacity of 100 and had a census of 94 at the time of this visit.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where residents have customary access were sprinklered. The facility has an unsprinklered wood shed housing miscellaneous bed frames, wheelchairs, overbed tables, etc. which was unsprinklered.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 08/20/12.</p>	K 000		

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

417S21

If continuation sheet 1 of 2

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